

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035053

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

664

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN COLUMBIA

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ENROUTE TO UMMC

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Howell

c. CITY OR TOWN West Plains

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
401 South Main

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Linda Middle Sue Last Butts

4. DATE OF DEATH
Month October Day 4 Year 1963

5. SEX

F

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-18-63

9. AGE (last birthday)
Months 16 Days 16

IF UNDER 1 YEAR
Hours Min.
IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
West Plains Mo

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Loren Butts

13b. MOTHER'S MAIDEN NAME

Beth Campbell

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Ruth Butts West Plains Mo

18. CAUSE OF DEATH (Enter only one cause)
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Meningitis purulent, exact organism not determined

INTERVAL BETWEEN ONSET AND DEATH

9 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Septicemia, exact organism not determined

0534

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dead on Arrival and last saw her/him alive on Arrival
Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert Joel Harris MD

22b. ADDRESS

University of Missouri Medical Center

22c. DATE SIGNED

10/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Buried 10-5-63 Oak Lawn Cem

West Plains Mo

24. FUNERAL DIRECTOR

ADDRESS WEST PLAINS MO

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

CARTER FUNERAL HOME

10-4-63

Robert Campbell

(Licensed Embalmer's Statement on Reverse Side)

Mrs RE Palmer

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.